

1120X-ME

General Instructions

Purpose of form: Maine amended Form 1120X-ME must be filed if: 1) an amended federal return has been filed that affects the taxpayer's liability; 2) the Internal Revenue Service has made a change or correction that affects the taxpayer's liability; or 3) there are other changes or corrections that affect the taxpayer's liability.

How to file: Use Form 1120X-ME to correct Maine Form 1120ME or Form 1120A-ME for **years beginning on or after January 1, 1991**. For years prior to 1991, use Form 1120ME for the year(s) you are amending and print or type "amended" in the upper left corner of the form. To obtain a form for the appropriate pre-1991 year being amended, call 207-624-7894.

Attach copies of federal Form 1120X or the Internal Revenue Agent report to support changes shown on Maine Form 1120X-ME. In the event of a net operating loss, attach a copy of federal Form 1139 for each year that you are amending. If the affiliated unitary net operating loss of the entity is different than that on the consolidated federal return, please complete and attach a schedule indicating how the Maine loss was calculated. Please indicate, for each year, the amount of the loss and how much is being used in that year. If the members of the unitary group have changed, please refer to MRS Rule 810 when calculating the amount of the loss that may be used for Maine purposes. Please indicate changes in members of the affiliated unitary group on the schedule identifying the Maine loss.

When carrying back/forward a net operating loss, the adjustment is reported on Maine Form 1120X-ME line 1. Loss carryovers from years 1989 – 1992 are reported on line 2f. Please complete the entire Maine 1120X-ME, including Schedules A – D. If this is an affiliated unitary business group filing a combined report you must also complete schedule CR previously known as schedule CB. The taxable income under the laws of the United States (Form CR, line 20) should match line 1, column C, on Form 1120X-ME.

An incomplete Form 1120X-ME cannot be processed. Attaching schedules or spreadsheets in lieu of completing this form is not acceptable.

Maine Revenue Services uses optical scanners to process Forms 1120ME and 1120X-ME; the use of these forms cannot be altered in any way. Do not change line numbers or descriptions as these changes will not be detected when scanned. All dollar amounts other than zero must be written in the appropriate column even if the amount has not changed from a previous return or filing period. Any box on Form 1120X-ME Column C which is left blank will be read as a zero.

When to file: Amended Maine income tax returns must be filed within 90 days of the final determination of the change or correction of the filing of the federal amended return or Internal Revenue Agent report. File form 1120X-ME only after you have filed an original return.

Generally, to receive a refund of taxes paid, Form 1120X-ME must be filed within three years after the date the original return was filed, or within three years after the date the tax was paid, whichever is later. This time limit does not apply when the Internal Revenue Service makes an adjustment that affects the taxpayer's liability.

Combined Reports: Refer to the instructions for Form CR and Combined Reporting in the corporate income tax booklet. You must attach a copy of Form CR to Form 1120X-ME if you are a member of an unitary business group.

Specific Instructions

Reason for change: Check the appropriate box to identify the reason for filing this form: 1) if an Internal Revenue Service audit change, attach a copy of the federal audit; 2) if a net operating loss, attach a copy of federal Form 1139; 3) if an amended federal Form 1120X, attach a copy of the federal amended return; 4) if an accounting change, attach approval of acceptance from the Internal Revenue Service; 5) if other, attach a written explanation of change.

Column A: Enter the amounts from your return as originally filed or previously amended. If your return was adjusted or audited by the State of Maine, enter the amounts as last adjusted.

Column B: Enter the net increase or net decrease for each line that is changed. Use a minus sign to the left of the number to indicate a decrease.

Column C: This column must be filled out completely even if the amount in column A is not being adjusted. Combine the amounts in column B and column A and enter the result in column C.

SCHEDULES A - D:

Check the amended box if the schedule is being changed as a result of this amended return and complete each schedule with the amended figures. Check the original or previously adjusted box if the schedule shows the figures as last adjusted or originally filed. In all cases, properly complete columns A, B and C of Form 1120X-ME, lines 6, 7b and 8d as they relate to Schedules A, B and C.

SCHEDULE A: Schedule A is for corporations engaged in interstate business. If this is the case, you must complete this schedule, even if you are not changing the figures from the original or as previously adjusted. See additional Schedule A instructions on pages 6 and 7.

SCHEDULE B: Complete this schedule even if figures are the same as originally filed or previously adjusted. The rate (line 25) is 29.7% for years beginning in 1991 and 1992 and 27% for years 1993 and after.

SCHEDULE C: If you had other credits on your original return, you must enter those credits here, even if you are not making any adjustments. See additional Schedule C instructions on pages 7 and 8.

SCHEDULE D: A minimum tax credit is available for tax years beginning on or after January 1, 1992. This credit is modeled after the federal alternative minimum tax credit. Complete this schedule to calculate your credit. You must complete this schedule and enter line g on Schedule C, line 29j, even if you are not changing the figures from the original return or as previously adjusted.

IMPORTANT: IF ALL REQUIRED LINES AND SCHEDULES (INCLUDING FORM CR) ARE NOT COMPLETED, THE RETURN IS INCOMPLETE AND WILL NOT BE CONSIDERED A FILED RETURN. ALSO, PAGES 1-4 OF THE FEDERAL RETURN MUST BE ATTACHED TO YOUR MAINE CORPORATE RETURN.



Form 1120X-ME
MAINE AMENDED CORPORATE RETURN
USE THIS FORM ONLY FOR YEARS BEGINNING ON OR AFTER
JANUARY 1, 1991

010062000

FOR TAX PERIOD			TO			EMPLOYER ID NUMBER		BUSINESS CODE (FEDERAL)	
NAME	MM	DD	YY	MM	DD	YY			
ADDRESS							STATE OF INCORPORATION		
CITY, TOWN, OR POST OFFICE							STATE	ZIP CODE	
CONTACT PERSON FIRST NAME		LAST NAME		TELEPHONE NUMBER			PARENT COMPANY EIN		

Reason for change: ☐ IRS change ☐ Net operating loss ☐ Federal amended 1120X ☐ Accounting change ☐ Other (attach explanation)

If you are a member of an affiliated group filing a separate return, check here ☐ If you are filing a combined return, check here and complete and attach Form CR ☐

	A As Originally Filed or Previously Adjusted	B Adjustment	C Correct Amount
A. CONSOLIDATED FEDERAL TAXABLE INCOME if filing as part of a federal consolidated return			A <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
1. FEDERAL TAXABLE INCOME If negative, enter a minus sign in the box to the left of the number			1 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
2. DEDUCTIONS:			
a. NONTAXABLE INTEREST			2a <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
b. FOREIGN DIVIDEND GROSS-UP			b <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
c. FEDERAL JOBS CREDIT/WORK OPPOR- TUNITY CREDIT - Attach federal Form 5884			c <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
d. INCOME NOT TAXABLE under the Constitution of Maine or the U.S.			d <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
e. DIVIDENDS FROM CERTAIN AFFILIATED CORPORATIONS (limitations - see instructions)			e <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
f. NET OPERATING LOSS DEDUCTION CARRY- OVER from 1989, 1990, 1991 and 1992			f <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
g. INCOME FROM OWNERSHIP INTEREST IN FLOW-THROUGH ENTITY FINANCIAL INSTITUTIONS subject to Maine Franchise Tax			g <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
h. STATE INCOME TAX REFUNDS included in line 1 above			h <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
i. NORTHERN MAINE TRANSMISSION COR- PORATION ADJUSTMENT (see instructions)			i <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
j. TOTAL DEDUCTIONS (add lines 2a through 2i)			j <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
3. LINE 1 MINUS LINE 2j. If negative, enter a minus sign in the box to the left of the number			3 <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
4. ADDITIONS:			
a. INCOME TAXES imposed by Maine or any other state (attach schedule)			4a <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
b. UNRELATED EXPENSES (attach schedule)			b <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
c. INTEREST FROM STATE AND MUNICIPAL BONDS other than Maine			c <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
d. NET OPERATING LOSS RECOVERY ADJUSTMENT			d <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
e. LOSS OR EXPENSES FROM FLOW- THROUGH ENTITY FINANCIAL INSTITUTIONS subject to Maine Franchise Tax			e <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
f. HIGH-TECHNOLOGY CREDIT ADD-BACK			f <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00
g. TOTAL ADDITIONS (add lines 4a through 4f)			g <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/> .00

DO NOT STAPLE OR TAPE FORMS TO YOUR RETURN. DO NOT SEND PHOTOCOPIES OF RETURNS.

Federal EIN: _____

	A Original	B Adjustment	C Correct Amount
5. ADJUSTED FEDERAL TAXABLE INCOME (add lines 3 and 4g). Corporations that apportion income use this amount for line 16 of Schedule A			5 _____ .00
6. MAINE NET INCOME (from line 5 above or Schedule A, line 17)			6 _____ .00
7. TAX: a. MAINE CORPORATE INCOME TAX (see tax rates on page 6) 7a			7a _____ .00
b. MINIMUM TAX: Schedule B, line 28 - (attach federal Form 4626) 7b			b _____ .00
c. TOTAL TAX (add lines 7a and 7b) 7c			c _____ .00
8. CREDITS:			
a. MAINE ESTIMATED TAX PAID 8a			8a _____ .00
b. EXTENSION PAYMENT (Form 1120EXT-ME) b			b _____ .00
c. PAID WITH ORIGINAL RETURN AND ADDITIONAL PAYMENTS after return was filed c			c _____ .00
d. OTHER CREDITS (Schedule C, line 29p) 8d			d _____ .00
e. TOTAL CREDITS (add lines 8a, 8b, 8c and 8d) 8e			e _____ .00
f. OVERPAYMENT on original return or as previously adjusted (enter as a positive number) f			f _____ .00
9. LINE 8e MINUS LINE 8f (total credits minus overpayments) 9			9 _____ .00
10. a. If line 7c is greater than line 9, enter the difference as TAX DUE . (If not, skip to line 11) 10a			10a _____ .00
b. PENALTY FOR UNDERPAYMENT - attach Form 2220ME 10b			b _____ .00
c. TOTAL DUE (line 10a plus line 10b) - remit payment with return (Please make check payable to Treasurer, State of Maine) c			c _____ .00
11. If line 9 is greater than line 7c, enter amount to be REFUNDED 11			11 _____ .00
PRESIDENT'S NAME _____ SOCIAL SECURITY NUMBER _____			
TREASURER'S NAME _____ SOCIAL SECURITY NUMBER _____			

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

DATE

OFFICER'S SIGNATURE

TITLE

DATE

SIGNATURE AND ADDRESS OF PREPARER (INDIVIDUAL OR FIRM)

File return with: Maine Revenue Services, P.O. Box 1062, Augusta, ME 04332-1062

Office use only

☐ LG

Federal EIN: _____

☐ AMENDED
☐ AS ORIGINALLY REPORTED
 OR PREVIOUSLY ADJUSTED
SCHEDULE A - APPORTIONMENT OF INCOMEDo not complete this schedule if 100% of your business activity is apportionable to Maine.

All others must complete this schedule and enter amounts in Columns A and B, even if those amounts are zero.

If this schedule is left blank or excluded, your Maine apportionment factor will be set at 100%. **Round all dollar amounts to whole numbers.**
☐ Check here if the taxpayer is a mutual fund service provider electing to use the special apportionment formula under 36 M.R.S.A. § 5212(2).

	(A) Within Maine	(B) Everywhere	(C) Maine Factors Col. (A)/Col. (B) x Statutory Weighting Rounded to 6 Decimals
12. Total Sales	_____ ÷ _____	_____	_____ x .50 = _____
13. Total Payroll	_____ ÷ _____	_____	_____ x .25 = _____
14. Total Property	_____ ÷ _____	_____	_____ x .25 = _____

If one of these factors has no value in both column A and column B, see the instructions on page 6.

15. MAINE APPORTIONMENT FACTOR - Sum of lines 12, 13 and 14, column (C)	15	_____
16. ADJUSTED FEDERAL TAXABLE INCOME (page 2, line 5)	16	_____
17. INCOME APPORTIONED TO MAINE (line 16 x line 15 factor)	17	_____
18. What amount of line 14, column A is TANGIBLE PERSONAL PROPERTY ?	18	_____
18A. Enter the amount of throwback sales included in line 12, column A (total sales within Maine)	18A	_____

SCHEDULE B - MINIMUM TAX
☐ AMENDED
☐ AS ORIGINALLY REPORTED
 OR PREVIOUSLY ADJUSTED

(Attach federal Form 4626) - This schedule must be completed even if it is the same as originally filed or previously adjusted

19. FEDERAL TENTATIVE MINIMUM TAX (federal Form 4626, line 13)	19	_____	.00
20. FEDERAL ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT (Federal Form 4626, line 12)	20	PLUS _____	.00
21. Apply the federal alternative minimum tax rate to the amount that state or federal law prohibits from taxation by Maine that is included in the federal alternative minimum taxable income. Enter this amount on this line.	21	_____	.00
22. LINE 19 PLUS LINE 20 MINUS LINE 21	22	_____	.00
23. APPORTIONMENT FACTOR (from line 15 above)	23	_____	
24. LINE 22 MULTIPLIED BY LINE 23 FACTOR	24	_____	.00
25. RATE	25	1991-1992: 29.7% ; 1993-present: 27%	
26. STATE MINIMUM TAX (line 24 multiplied by line 25)	26	_____	.00
27. INCOME TAX (page 2, line 7a)	27	_____	.00
28. NET STATE MINIMUM TAX (line 26 minus line 27). Enter here and on page 2, column C, line 7b. (If less than zero, enter zero)	28	_____	.00

Federal EIN: _____

SCHEDULE C - OTHER CREDITS

This schedule must be completed even if same as originally filed or previously adjusted

☐ AMENDED☐ AS ORIGINALLY REPORTED
OR PREVIOUSLY ADJUSTED

29. a. MAINE SEED CAPITAL TAX CREDIT (Gross Credit _____)) Amount Claimed	29a	_____	.00
b. JOBS AND INVESTMENT TAX CREDIT (Gross Credit _____)) Amount Claimed	29b	_____	.00
c. EMPLOYER-ASSISTED DAY CARE TAX CREDIT AND QUALITY CHILD CARE INVESTMENT CREDIT (Gross Credit _____)) Amount Claimed	29c	_____	.00
d. EMPLOYER-PROVIDED LONG-TERM CARE BENEFITS CREDIT (Gross Credit _____)) Amount Claimed	29d	_____	.00
e. MACHINERY AND EQUIPMENT INVESTMENT TAX CREDIT (Gross Credit _____)) Amount Claimed	29e	_____	.00
f. SOLID WASTE REDUCTION INVESTMENT TAX CREDIT (Gross Credit _____)) Amount Claimed	29f	_____	.00
g. RESEARCH EXPENSE TAX CREDIT (Gross Credit _____)) Amount Claimed	29g	_____	.00
h. SUPER RESEARCH AND DEVELOPMENT CREDIT (Gross Credit _____)) Amount Claimed	29h	_____	.00
i. HIGH-TECHNOLOGY INVESTMENT TAX CREDIT (Gross Credit _____)) Amount Claimed	29i	_____	.00
j. WOOD WASTE AND CEDAR WASTE CREDITS (1993 only) (Gross Credit _____)) Amount Claimed	29j	_____	.00
k. MINIMUM TAX CREDIT (Gross Credit _____)) Amount Claimed	29k	_____	.00
l. CREDIT FOR DEPENDENT HEALTH BENEFITS PAID (Gross Credit _____)) Amount Claimed	29l	_____	.00
m. CLEAN FUEL CREDIT (Gross Credit _____)) Amount Claimed	29m	_____	.00
n. HISTORIC REHABILITATION CREDIT (Gross Credit _____)) Amount Claimed	29n	_____	.00
o. FAMILY DEVELOPMENT ACCOUNT CREDIT (Gross Credit _____)) Amount Claimed	29o	_____	.00
p. TOTAL: Add lines a through o, enter result here and on Page 2, line 8d, column C. (Credit limited to the tax liability on page 2, line 7c, column C)	29p	_____	.00

SCHEDULE D - MINIMUM TAX CREDIT

This schedule must be completed even if same as originally filed or previously adjusted

☐ AMENDED☐ AS ORIGINALLY REPORTED
OR PREVIOUSLY ADJUSTED

30. a. NET STATE MINIMUM TAX FOR THE TAX YEAR PRIOR to that shown on Form 1120X-ME, page 1	30a	_____	.00
b. MINIMUM TAX CREDIT CARRYOVER FROM THE TAX YEAR PRIOR to that shown on Form 1120X-ME, page 1 PLUS	30b	_____	.00
c. LINE A PLUS LINE B =	30c	_____	.00
d. REGULAR INCOME TAX LIABILITY FOR THE TAX YEAR SHOWN ON FORM 1120X-ME, PAGE 1 (gross tax less allowable credits - all Schedule C credits except minimum tax credit)	30d	_____	.00
e. STATE MINIMUM TAX (Schedule B, line 26) MINUS	30e	_____	.00
f. LINE D MINUS LINE E (if zero or less, enter zero) =	30f	_____	.00
g. STATE MINIMUM TAX CREDIT: enter the smaller of line c or line f here and on Schedule C, line 29k	30g	_____	.00
h. Maine minimum tax credit CARRYOVER to the tax year following that shown on Form 1120X-ME, page 1 (line c minus line g)	30h	_____	.00



MAINE REVENUE SERVICES
P.O. BOX 1062
AUGUSTA, ME 04332-1062

FORM CR – page 1 of 2
MAINE CORPORATE INCOME TAX
Combined Report For Unitary Members

010012400

Federal EIN: _____

The Combined Report must be accompanied by a legible copy of the parent's Federal Consolidated Tax Return, pages 1, 2, 3 and 4 (or equivalent) and affiliation schedule.

**COMBINED
REPORT**

This report must be attached to your Form 1120ME

	Column 1*	Column 2	Column 3	Column 4	Column 5
Nexus with Maine	Corporation Name and Federal Identification Number of Unitary Business Member	Income of Unitary Members Participating in a Federal Consolidated Filing	Income of Unitary Members Filing Separate Federal Returns	Allowable Adjustments	Adjusted Separate Income of Unitary Members (Combine Columns 2, 3, and 4)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16	Adjustments and eliminations for columns 6 through 9				
17	TOTALS:				
				18. Special Deductions	
				19. Unitary NOL Deduction	
				20. Taxable Income Under the Laws of the United States	

* Please indicate if FSC, REIT or 936 corporation

